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### **The Headache in Your Pelvis the Chronic Pelvic Pain Syndrome!**

Over the past few months there has been a furor about Gynecologists treating males with a debilitating pelvic pain. This is not a common occurrence, but for the unfortunate individual with this problem there seem to be no treatment or cure for this disabling condition. This pelvic pain condition has been misdiagnosed depending on the medical specialist you may go to as pelvic inflammatory disease, by a gynecologist or as prostate disease, or bladder condition by a urologist. However its true nature is completely missed if you don't find a knowledgeable doctor whether MD, DO, DC etc.

This information came from a number of articles in The New York Times and especially the science section article by Donald G. McNeil, science writer "A Fix for Stress-Related Pelvic Pain". David T. Wise, Ph.D. a psychologist who suffered with this condition for 22 years before he made an observation while he was being examined by an urologist for prostate examination. During this digital examination by the urologist who noted a trigger point in the levator ani muscle that caused the symptoms to occur. This occurred accidentally Dr. Wise said, "But when I left, I was pain-free for a few days."

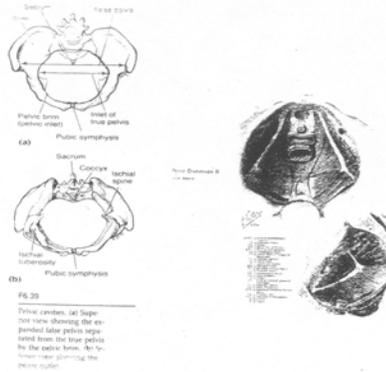
From this serendipitous observation Dr. Wise was joined by Dr. Anderson, MD a neurologist a MD developed a system of treatment for this debilitating disorder. They published a book in 2003, A Headache in the Pelvis, The National Center for Pelvic Pain. Through their efforts a trigger point device was developed to stimulate these points and has just won FDA approval. They also hold a six-day workshop for doctors and therapists to learn how to treat his problem.

The characteristics of the condition can be found in both male and female patients, whose pain symptoms begin in their 20's or 30's. These patients seem to be driven, and athletic and in good health otherwise except for the symptoms. One characteristic that has been noted was the start of symptoms often began after a person failure such a divorce or a job loss.

"The patient description of their symptoms can be a charley horse in the pelvis, but one that can't be stretched out". The onset has been described as a golf ball in the rectum or a stab in the groin or even scrotal pain, however these are only a few areas where symptoms may be felt.

This starts in a web of muscles that form the floor of the pelvic outlet know as the pelvic or urogenital diaphragm. This muscular sling is formed by connective tissue of fascia, muscle and ligaments with slight difference between the internal organ of the male and female patients. The muscles that have to be considered in this condition are the Gluteus maximus, Piriformis, Obturator internus, which are considered skeletal. Additional muscles which are internal and not skeletal that have to be considered, are Levator ani, Pubococcygeus, Coccygeus, superficial transverse perineal muscle. See diagram on following page for details.

*The diagram shows the pelvic outlets from above (a) and below (b).  
The Pelvic Diaphragm is to the right showing the muscles.*



Trigger points are described as “a small hypersensitive region from which impulses bombard the central nervous system and give rise to referred pain.” The most common cause is trauma. The trauma appears to be in the muscle involved with the complex in the form of direct injury, excessive stretching, or contact. Once a trigger point develops, repeated muscular stress of a lesser degree can activate pain in the reference zone especially when the muscles become fatigued. This system of analysis and treatment was developed by Janet Travell, MD and David Simons, MD.

Dr. George Goodheart developed a method in Applied Kinesiology (AK) of diagnosis for the Travell trigger points as well as Jones trigger points, which give us a great advantage over other treatment methods. I have treated many patients over the years with this symptom complex with great success, and that is because of the incorporation of trigger point therapy, meridian therapy and well as the structural approaches of chiropractic and applied kinesiology. One of the most common structural problems that is associated with the symptom complex is sacroiliac joint of the pelvis. This is sometimes referred to as a category #2 subluxation, but truth be know there are five separate patterns that is common knowledge in AK, but overlooked in general chiropractic/osteopathic and medical care.

One of the most important stabilizing systems I use is Through Field Therapy which helps reduce the stress factors. Not to be forgotten is also nutritional support in the form of Vitamin B12 and Folic Acid therapy.